

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90011 014 ***150.00

DOCUMENT # 640131

1. Entity Name
IBERIA TILES CORPORATION

Principal Place of Business

**2975 NW 77 AVE
 MIAMI FL 33122-1409**

Mailing Address

**2975 NW 77 AVE
 MIAMI FL 33122-1409**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1925820**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FERNANDO
 2975 NW 77 AVE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARDONA, RAMON SUGRANES	
STREET ADDRESS	2975 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SUGRANES, ROSA	
STREET ADDRESS	2975 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSDT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ-VILA, FERNANDO	
STREET ADDRESS	2975 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUOGHI, CLAUDIO	
STREET ADDRESS	2975 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGRANES, MARCELINO	
STREET ADDRESS	2975 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL 33122-1409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 **305-5913880**
 Date Daytime Phone #

CP2E034 (9/01)